

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD.  
N. B.--In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH

1. County of Gila,  
District of Globe,  
Town of \_\_\_\_\_  
or  
City of Globe,

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 99  
County Registrar No. 155  
Local Registrar No. 37

No. 66 Ranch, Pinal Wash, \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Candelaria Valdez, If child is not yet named, make supplemental report, as directed.

3. Sex of Child { To be answered ONLY in event of plural births. } 4. Twin, triplet or other \_\_\_\_\_ 5. Legitimate? Yes \_\_\_\_\_ 6. Date of birth 2 2 1925  
Month day year

8. FATHER		14. MOTHER	
Full name <u>Juan Valdez,</u>		Full maiden name <u>Soledad Sanches,</u>	
9. Residence (Usual place of abode) <u>Globe,</u> If nonresident, give place and state		15. Residence (Usual place of abode) <u>Globe,</u> If nonresident, give place and state	
10. Color or race <u>Mex.</u>	11. Age at last birthday <u>33</u> (Years)	16. Color or race <u>Mex</u>	17. Age at last birthday <u>20</u> (Years)
12. Birthplace (city or place) <u>Tucson,</u> (State or country) <u>Arizona.</u>		18. Birthplace (city or place) _____ (State or country) <u>Mexico.</u>	
13. Occupation Nature of industry <u>Laborer</u>		19. Occupation Nature of industry <u>Housewife,</u>	

20. Number of children of this mother { (a) Born alive and now living 3 } 21. Were precautions taken against ophthalmia neonatorum? Yes.  
(Taken as of time of birth of child herein certified and including this child.) { (b) Born alive but now dead \_\_\_\_\_ }  
(c) Stillborn \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born Alive at 3 P.M. on the date above stated.  
(Born alive or stillborn.)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.  
Signature H. E. Wylthine (Physician or midwife)  
Address Globe, Ariz.

Given name added from \_\_\_\_\_  
a supplemental report \_\_\_\_\_  
Month, day, year. \_\_\_\_\_  
Registrar. \_\_\_\_\_  
Filed 3/9 1925 H. E. Wylthine Local Registrar  
Filed 3/9 1925 H. E. Wylthine County Registrar

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